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PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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**SUPPLEMENTAL DECLARATION  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e) required))

Attorney Docket Number	29912-702.201
First Named Inventor	Alferness
<b>COMPLETE IF KNOWN</b>	
Application Number	09/855,945
Filing Date	May 14, 2001
Art Unit	3738
Examiner Name	U. Chattopadhyay

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MITRAL VALVE THERAPY DEVICE, SYSTEM AND METHOD**

(Title of the Invention)

the specification of which

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) **05/14/2001** as United States Application Number or PCT International

Application Number **09/855,945** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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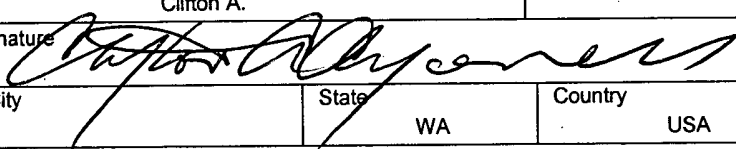
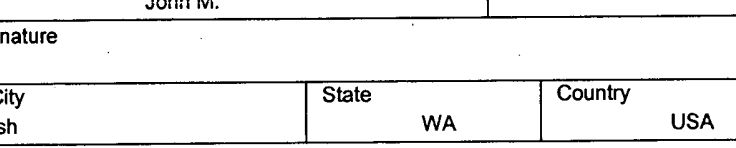
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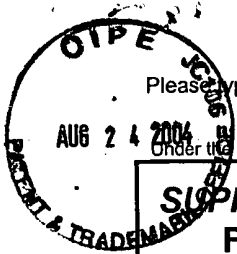


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## DECLARATION — Utility or Design Patent Application

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Address							
650 Page Mill Road							
City				State		ZIP	
Palo Alto				CA		94304	
Country			Telephone			Fax	
U.S.			650-493-9300			650-493-6811	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
<b>NAME OF SOLE OR FIRST INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Clifton A.				Alferness			
Inventor's Signature						Date	
						7/22/04	
Residence: City			State		Country		Citizenship
Redmond			WA		USA		USA
Mailing Address							
9010 258 <sup>th</sup> Avenue NE							
City			State		ZIP		Country
Redmond			WA		98053		USA
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John M.				Adams			
Inventor's Signature						Date	
							
Residence: City			State		Country		Citizenship
Sammamish			WA		USA		USA
Mailing Address							
20621 Southeast 34 <sup>th</sup> Street							
City			State		ZIP		Country
Sammamish			WA		98075		USA
<input type="checkbox"/> Additional inventors or legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto:							



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Address 650 Page Mill Road					
City Palo Alto		State CA		ZIP 94304	
Country U.S.		Telephone 650-493-9300		Fax 650-493-6811	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Clifton A.			Family Name or Surname Alferness		
Inventor's Signature					Date
Residence: City Redmond		State WA		Country USA	
Mailing Address 9010 258 <sup>th</sup> Avenue NE					
City Redmond		State WA		Country USA	
ZIP 98053					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) John M.			Family Name or Surname Adams		
Inventor's Signature <i>John M. Adams</i>					Date 8-6-2004
Residence: City Sammamish		State WA		Country USA	
Mailing Address 20621 Southeast 34 <sup>th</sup> Street					
City Sammamish		State WA		Country USA	
ZIP 98075					
<input type="checkbox"/> Additional inventors or legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto:					